### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL					
OMB Number:	3235-0076					
Expires:	May 31, 2002					
Estimated average burden						
hours per respo	nse 16.00					

SEC USE ONLY						
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Name of Offering of ( check if this is an amendment and name has changed, and indicate change.)
Athena Premium/Funding I, LLC
Filing Under (Check box(es) that apply):   Rule 504  Rule 505  Rule 506  Section 4(6)  ULOE
ype of Filing: 🛛 New Filing 🔲 Amendment
A. BASIC IDENTIFICATION DATA
. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Athena Premium Funding I, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Of Yamato Road, Suite 3198, Boca Raton, FL 33431  Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) if different from Executive Offices)
Provide life insurance premium funding  SEP 0 1 2003
Type of Business Organization  □ corporation □ limited partnership, already formed NOIAL □ business trust □ limited partnership, to be formed □ limited limit
Month Year  Actual or Estimated Date of Incorporation or Organization:  O 6 0 6 ⊠ Actual ☐ Estimated  Furisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  F L
GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (7-00) 1 of 8

#### 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) SHL Holdings, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 301 Yamato Road, Suite 3198, Boca Raton, FL 33431 Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Levenson, Steven Business or Residence Address (Number and Street, City, State, Zip Code) SHL Holdings, LLC, 301 Yamato Road, Suite 3198, Boca Raton, FL 33431 ☐ Executive Officer ☐ Director ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ Promoter ☐ Beneficial Owner ☐ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ Promoter ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

				B. IN	FORMA	TION A	BOUT O	FFERING	3				
1. Has th	ne issuer so	old, or doe	s the issue	r intend to	sell, to no	on-accredi	ted investo	ors in this	offering?.			Yes ⊠	No □
		·			Appendi				-				
2. What	is the mini	mum inve	stment tha					-			\$ 5	0.000.0	)0
-, ,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. ,, .,,	p	···· -·· · · · · · · · · · · · · · · ·						Yes	
			oint owners									ĭ es ⊠	
sion o to be l list the	r similar re listed is an e name of	muneration associated the broker	ested for ean of for solicing of person of or dealer. or the info	tation of per ragent of If more th	urchasers i a broker o ian five (5	n connection r dealer re persons t	on with sal gistered w to be listed	es of secur ith the SE I are assoc	ities in the C and/or w	offering. I ith a state	f a person or states,		
Full Name	(Last name	e first, if i	ndividual)										
Business or	Residence	e Address	(Number a	and Street,	City, Stat	e, Zip Coo	ie)			<del></del>			
Name of A	ssociated I	Broker or	Dealer	***************************************				· · · · · · · · · · · · · · · · · · ·	<del></del>				
States in W	hich Perso	on Listed I	Has Solicit	ed or Inte	nds to Sol	icit Purcha	sers		_				
(Check "	All States"	or check	individual	States							r	⊐ Aii S	States
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[ ]L ]	[IN]	[ IA ]	[KS]	[ KY ]	[LA]	[ME]	[MD]	[MA]	[ MI ]	[MN]	[MS]	[ MO	-
[MT]	[NE]	[NV]	[ NH ]	[NJ]	[NM]	[NY]	[ NC ]	[ND]	[OH]	[OK]	[OR]	[PA	-
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Full Name	(Last nam	e first, if i	ndividual)	· · · · · · · · · · · · · · · · · · ·									
Business o	r Residenc	e Address	(Number	and Street	, City, Star	te, Zip Co	ie)						<del></del>
Name of A	ssociated l	Broker or	Dealer										
States in W	/hich Perso	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purch:	asers						
(Check '	'All States'	or check	individual	States)	<b>.</b>		,					□ All	States
[AL]	[ AK ]	[AZ]	[ AR ]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID	
[ IL ]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[ MD ]	[MA]	[ MI ]	[MN]	[MS]	[ MC	-
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[ RI ]	[ SC ]	[ SD ]	[TN]	[TX]	[ UT ]	[ VT ]	[ VA ]	[ WA ]	[ WV ]	[ WI ]	[ WY ]	[ PR	. ]
Full Name	(Last nam	e first, if	individual)			-							
	•												
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					<del></del>	
Name of A	ssociated	Broker or	Dealer		· · · · · · · · · · · · · · · · · · ·			·····					
		2.0.00.01	~										
States in V	Vhich Pers	on Listed	Has Solici	ted or Inte	ends to Sol	icit Purch	asers				······································		
(Check	'All States'	" or check	individual	States)								□ All	States
[AL]	[ AK ]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[GA]	[ HI ]	[ ID	• ]
[ IL ]	[ IN ]	[ IA ]	[KS]	[ KY ]	[LA]	[ ME ]	[ MD ]	[MA]	[ MI ]	[ MN ]	[ MS ]	[ MC	)]
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[ RI ]	[SC]	[ SD ]	[TN]	[ TX ]	[UT]	[ VT ]	[ VA ]	[WA]	[ WV ]	[ WI ]	[ WY]	[PR	٤]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ...... \$\_\_\_ ☐ Common ☐ Preferred 915,000.00 \$ 915,000.00 915,000.00 \$ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 830,000.00 Accredited Investors. 2 \$ 85,000.00 12 s 915,000.00 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold \_\_ \$\_\_ 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... 2,500.00 15,000.00 Accounting Fees ..... Engineering Fees Sales Commissions (specify finders' fees separately).....

17,500.00

Other Expenses (identify)

Total .....

_	C. OFFERING PRICE, NUMBER OF INVES	TORS, EXPENSES AND U	JSE OF	PROCEEDS		
	b. Enter the difference between the aggregate offering price giv tion I and total expenses furnished in response to Part C - Ques "adjusted gross proceeds to the issuer."	stion 4.a. This difference is	s the		\$	897,500.00
٠.	Indicate below the amount of the adjusted gross proceeds to the used for each of the purposes shown. If the amount for any prestimate and check the box to the left of the estimate. The total of the adjusted gross proceeds to the issuer set forth in response to	urpose is not known, furnis of the payments listed must e	sh an equal			
	,	`	P	ayments to Officers, Directors, & Affiliates	Pa	tyments To Others
	Salaries and fees		□ \$_		□ \$_	
	Purchase of real estate	• • • • • • • • • • • • • • • • • • • •	□ \$_		□ \$ _	
	Purchase, rental or leasing and installation of machinery and	i equipment	□ s		□ <b>s</b>	
	Construction or leasing of plant buildings and facilities		□ <b>s</b> _		□ \$	
	Acquisition of other businesses (including the value of secunoffering that may be used in exchange for the assets or secunissuer pursuant to a merger)	urities of another				
	Repayment of indebtedness		□ \$_	<del></del>	□ \$_	
	Working capital		□ \$_		□ \$ _	897,500.00
	Other (specify):		□ <b>\$</b> _		□ \$ _	
				•		
			□ \$_		□ <b>s</b> _	
	Column Totals		□ \$_		□ <b>\$</b> _	897,500.00
Total Payments Listed (column totals added).						.00
	D. FEDERA	L SIGNATURE		<u> </u>	<del>~~</del> .	
fc	The issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furniturest of its staff, the information furnished by the issuer to any n	nish to the U.S. Securities a	nd Exch	ange Commiss	sion, upo	n written re-
Is	ssuer (Print or Type) Signature	1		Date		
Athena Premium Funding I, LLC				Augus	t 22, 200	6
N	Name of Signer (Print or Type) Title of Sig	gner (Print or Type)				
S	Steven H. Levenson President, S	HL Holdings, LLC (Managin	g Membe	er)		

--- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)